

Name
in
Full

Dra. Almonev
Street

CERTIFICATE OF DEATH

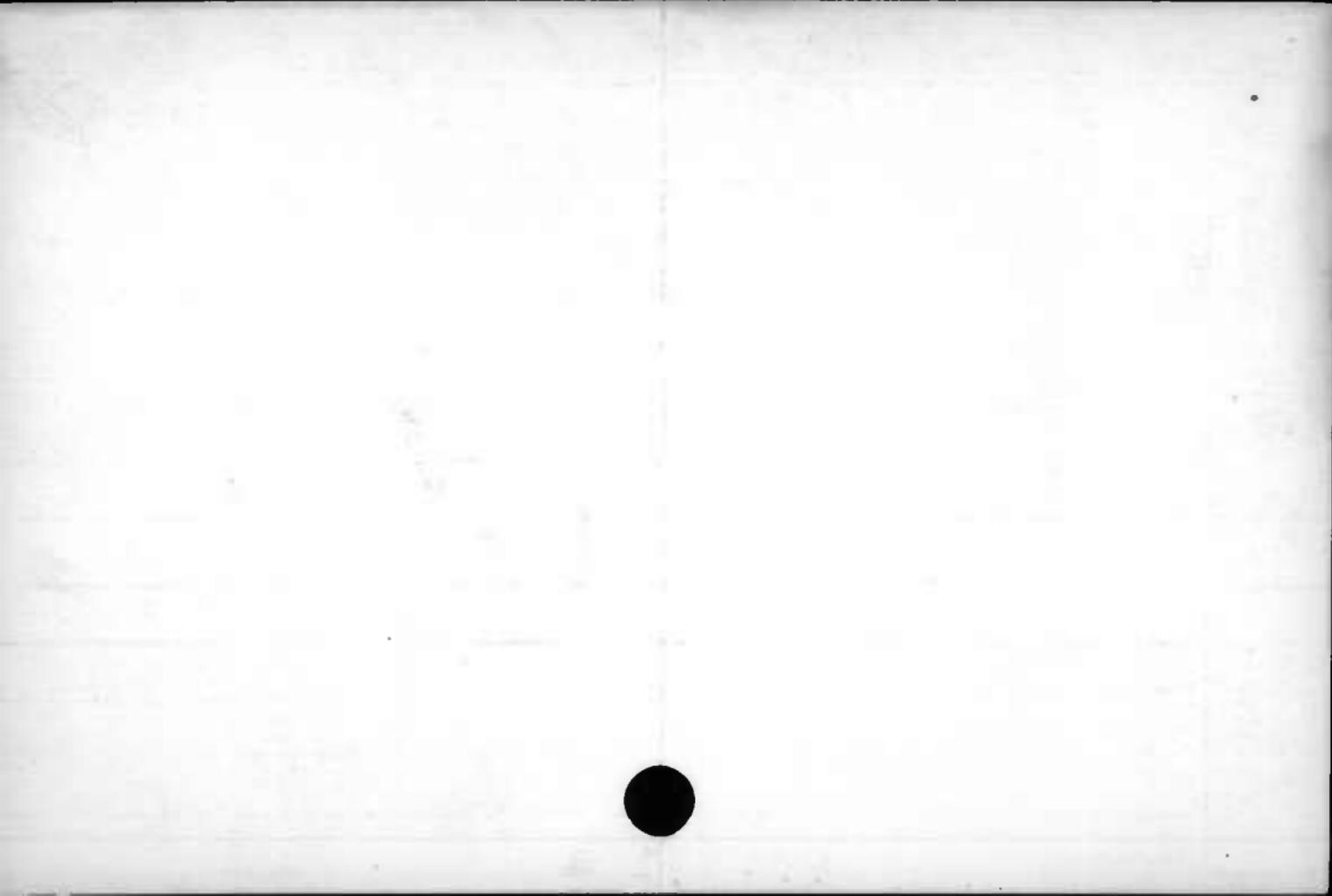
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 12.	Day 19	Years	Months	Days
Age 48					
Sex Male	Color or Race	white	Occupation	Birth- place	Pa.
Married, <input checked="" type="checkbox"/> or Widowed				Farmer	
Name of Wife or Husband	Mary. Almonev				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Mary Almonev.			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure	119	How long A few minutes
Immediate	"	"	How long How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Address
Accident or Suicide?		D.W. E. Arthur Cardiff M.D.	



Theodore Archerfeld

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec.	Day. 28	Year 85	Months 1	Days 18
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Musician		Where Residing if not at place of death	Louise Archerfeld		
Married, Single or Widowed	Married	Name of Wife or Husband	Louise Archerfeld			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

you

Signature of Physician

R H Smith
Waare de Grace

Address

Accident or Suicide?

Washington B. Barton

CERTIFICATE OF DEATH

Died at <u>Pylesville</u>		Town <u>Maynard</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>December</u>	Day <u>12</u>	Years <u>66</u>	Months <u>10</u>	Days <u>20</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maynard Co. Md</u>				
Occupation <u>Carpenter</u>		Where Residing if not at place of death <u>near Pylesville</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Martha J. Barton</u>					
Father's Name <u>John Barton</u>	Father's Birthplace <u>Maynard Co. Md</u>					
Mother's Maiden Name <u>Mary A. Morris</u>	Mother's Birthplace <u>Maynard Co. Md</u>					
Name of person giving information <u></u>	How related to deceased					

CAUSES OF DEATH

Primary

179

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos B Maynard

Address

Pylesville

Accident or Suicide?

Maynard Co. Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sallie A Beatty.

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1905	Month Dec	Day 17 th	Age	Years fifty	Months
Sex	Female	Color or Race	white		Birth-place	
Married, Single or Widowed		single	Occupation		Housewife -	
Name of Wife or Husband						
Father's Name		Mrs Beatty -		Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

—

Immediate

Chronic nephritis

How long

Four months

Are the name, age, sex, color, date and place correctly given above?

Yes

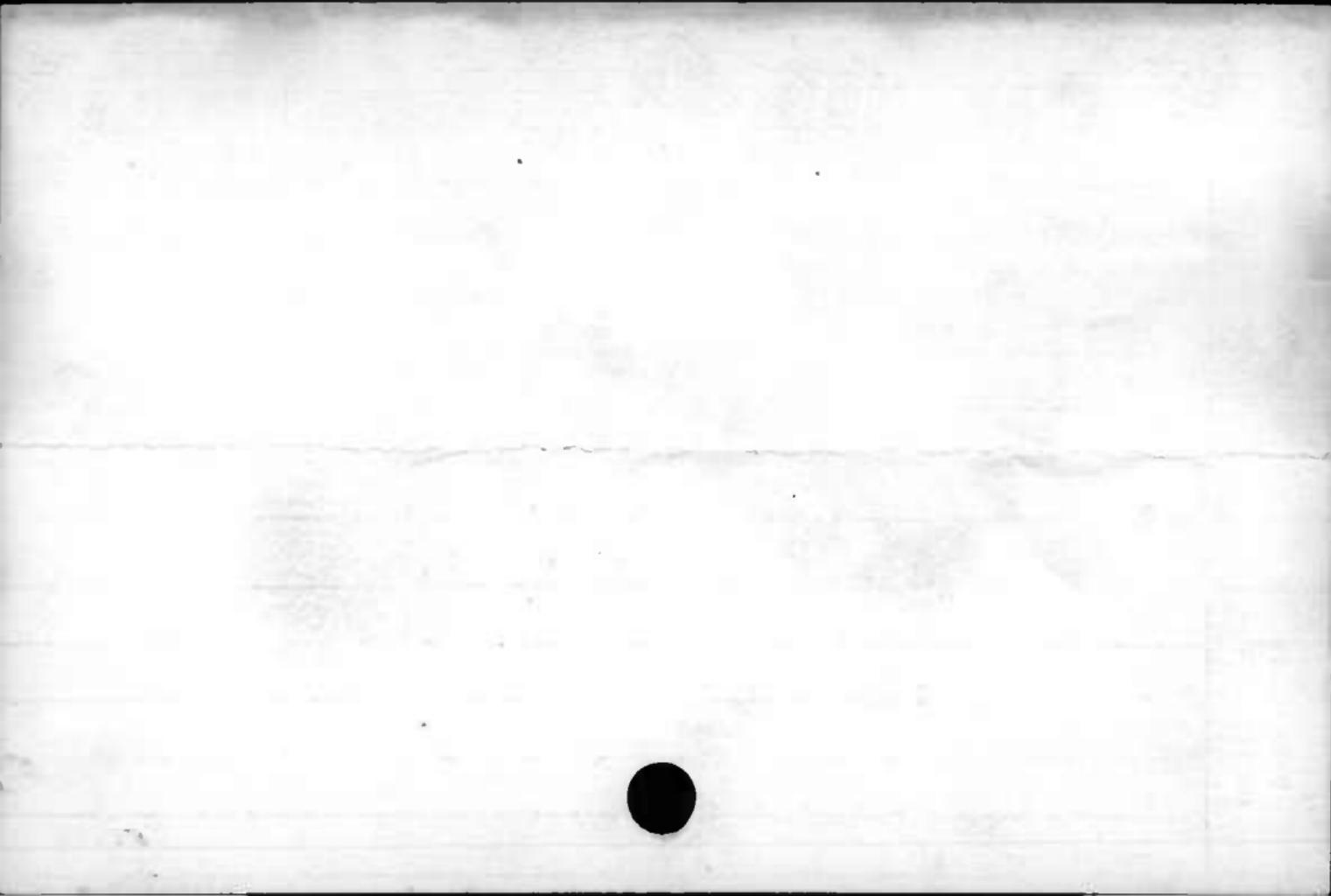
Signature of Physician

Address

Oscar McNamee

Jarrettsville

Accident or Suicide?



Britain (M. M.)

Town

Hess

County

Harford

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Dec. 9

White

Age

—

—

—

Female

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

0

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's
Maiden Name

Eliza Jane Gordon

Primary

Immediate

Still born

How long sick

Accident, Suicide, Homicide

Thos. H. Emory, D. S.

Montgomery, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

albert Butnick,

CERTIFICATE OF DEATH

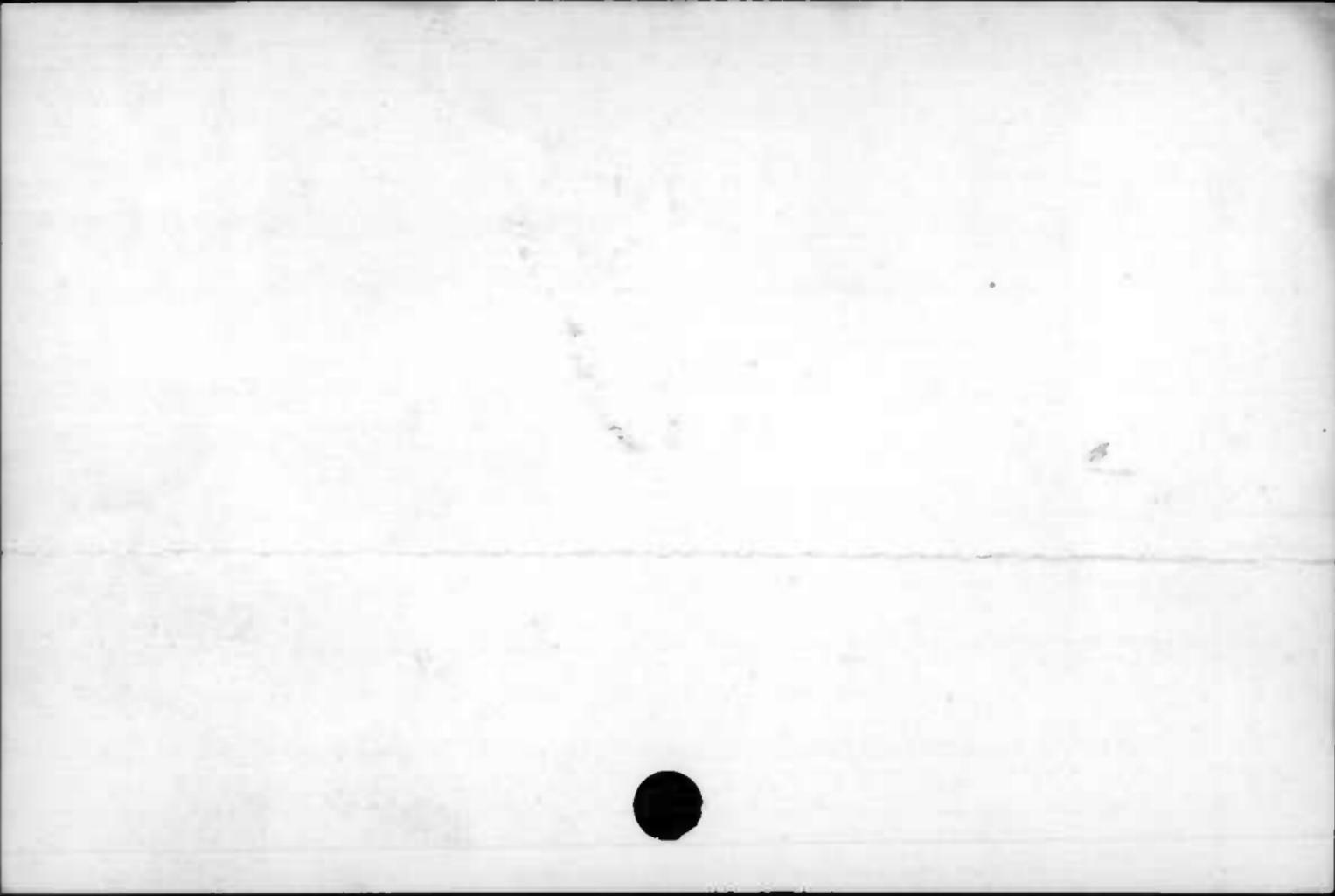
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Robbinhood</u> Town		County <u>Harford</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>15</u>	Years <u>63</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Robbinhood</u>				
Married, Single <u>Single</u>	Name of Wife or Husband	<u>Florantine Butnick</u>			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart & Kidney trouble</u>	How long	<u>Many months</u>
Immediate	<u>Heart Disease</u>	How long	<u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Al Crookin</u>
		Address	<u>Tanre-de Grace</u>
Accident or Suicide?			



Name
in
Full

Sadie E Croxson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec.	Day 9	Years 26	Months	Days
Sex	Female		Color or Race	Black	Birth-place	Swan Creek
Occupation	Labor.		Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Robt. Croxson		Father's Birthplace	Harford Co		
Mother's Maiden Name	Rose Henmore		Mother's Birthplace	"		
Name of person giving information	Robt Croxson		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Screamonea

(63)

How long

about 10 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

R. W. Smith
Swan Creek

Accident or Suicide?

2494
100

Name
in
Full

Herman Cullison ✓

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Haar de Graw	Kayford			
Date of death	Month	Day	Years	Months	Days
1905	Dec.	9	48		
Sex	Male	Color or Race	White	Birth-place	Haar de Graw
Occupation	Fisherma		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Shirley	Father's Birthplace	-
Father's Name	John Cullison			Mother's Birthplace	
Mother's Maiden Name	-			How related to deceased	-
Name of person giving information	-				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Injury to head

(X)

How long

Immediate

Enyakelas

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Woodward by
Holepase and

Accident or Suicide?



Edward Joseph

Town

County

Died at River
1905

Churchville

Harford

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Euphemia S. Easter
 Town: Glenville County: Harford

MARYLAND

Died at

Town

County

Died at

1905-December

Month

Day

Y

M.

D.

Native of

Date 189

Occupation

Male

White

Age

76 years 10 mos

Widow

Divorced

Female

Colored

Married

Single

Widower

Number

children living

Husband

of

William S. Easter

Wife

Mother's Name

Father's Name

Name

Cause of

Primary

Paralysis

How long sick

about 4 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. H. Roberts MSS

Address

Cheverly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____

Name
in
Full

Unnamned child of J G Ely

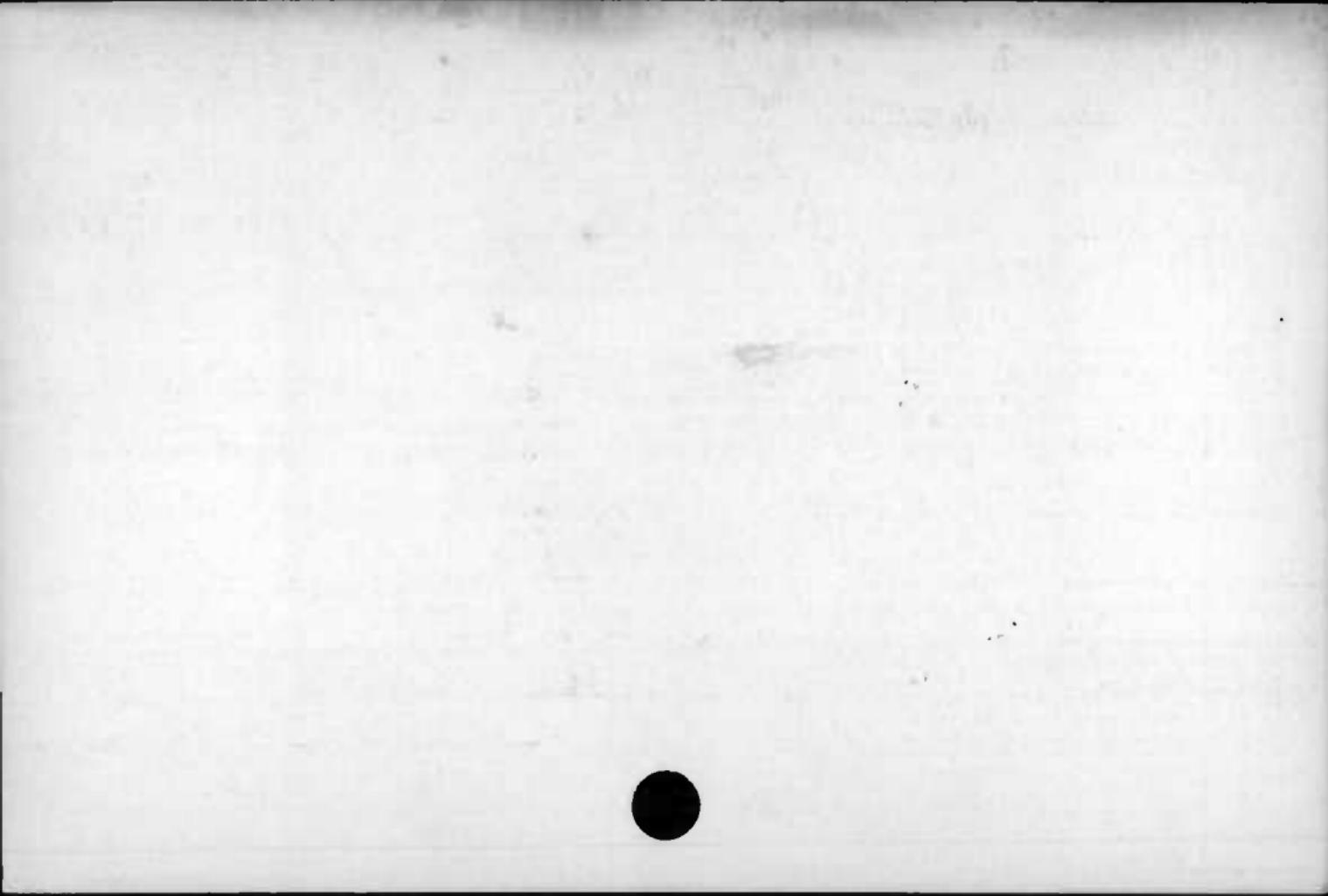
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
1905	Dec	12	Age	—	3 Days
Sex	Male	Color or Race	White	Birth-place	Rutledge Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James G Ely				
Mother's Maiden Name	Adair Barnman				
Name of person giving Information	J G Ely				
CAUSES OF DEATH					
Primary	Premature birth				
Immediate	Inflammation				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
			Oscar H McNamee		
			Jennettville Md.		
Accident or Suicide?					

PHYSICIAN
OR CORONER

15



Name
in
Full

Sarah Elizabeth Hamilton

CERTIFICATE OF DEATH

Died at Churchville

County
Fairfax

MARYLAND

Date of death 1905 Month 12

Day 12 Year

Months

Days

Sex Female

Color or Race
White

Birth-place Churchville, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

John W. Hamilton

Father's Birthplace
Abingdon

Mother's Maiden Name

Ava. M. Euerist

Mother's Birthplace
Carryington

Name of person giving
Information

John W. Hamilton

How related
to deceased
Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Flock jaws

✓ 1/2

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Henry Tarring
undertaker
Md. Aberdeen

PHYSICIAN
OR CORONER

Accident or Suicide?



Rosencell Hawkins

Town

County

MARYLAND

Died at Lapidum Hagerstown

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1915-	12	21	Age	12		Hagerstown	
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband of

Wife

Father's

Name

James C. Hawkins

Mother's

Maiden Name

Benjamin B. Webster

Cause of

Primary

Whooping cough

How long sick

Death

Immediate

Cold

Since birth

Accident, Suicide, Homicide

Reported by

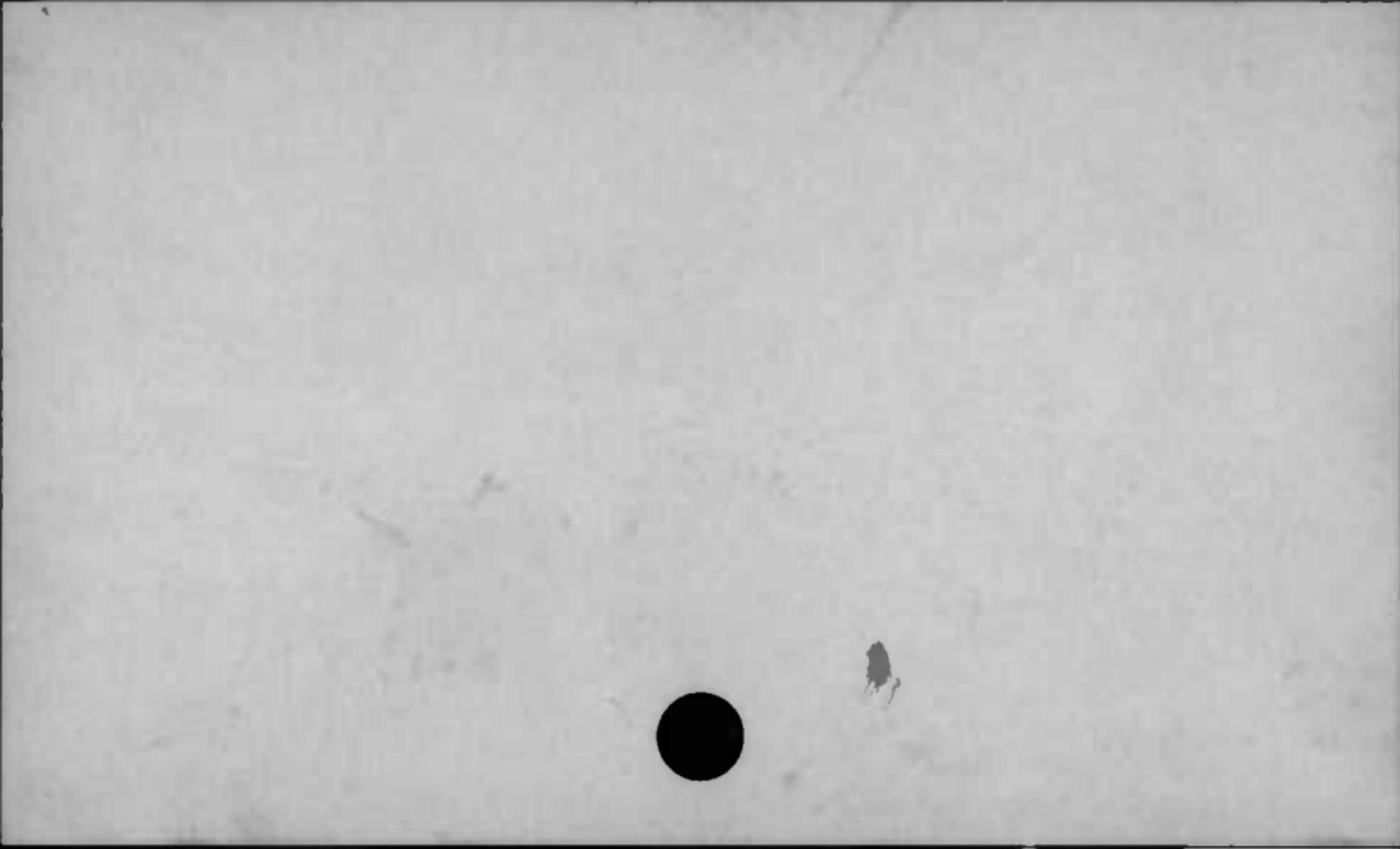
James C. Hawkins

Address

Lapidum Rd.

Henry W. Earl

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mrs Christina Haegeman

CERTIFICATE OF DEATH

MARYLAND

Died at Edgewood

Town

County

Date of death 190 12 15

Month

Day

Years

Age 77

Months

Days

Sex Female

Color or
Race

white

Birth-
place

Occupation

Where Residing if not
at place of death

Married Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

How long

10 year

Immediate

Heart Failure

How long

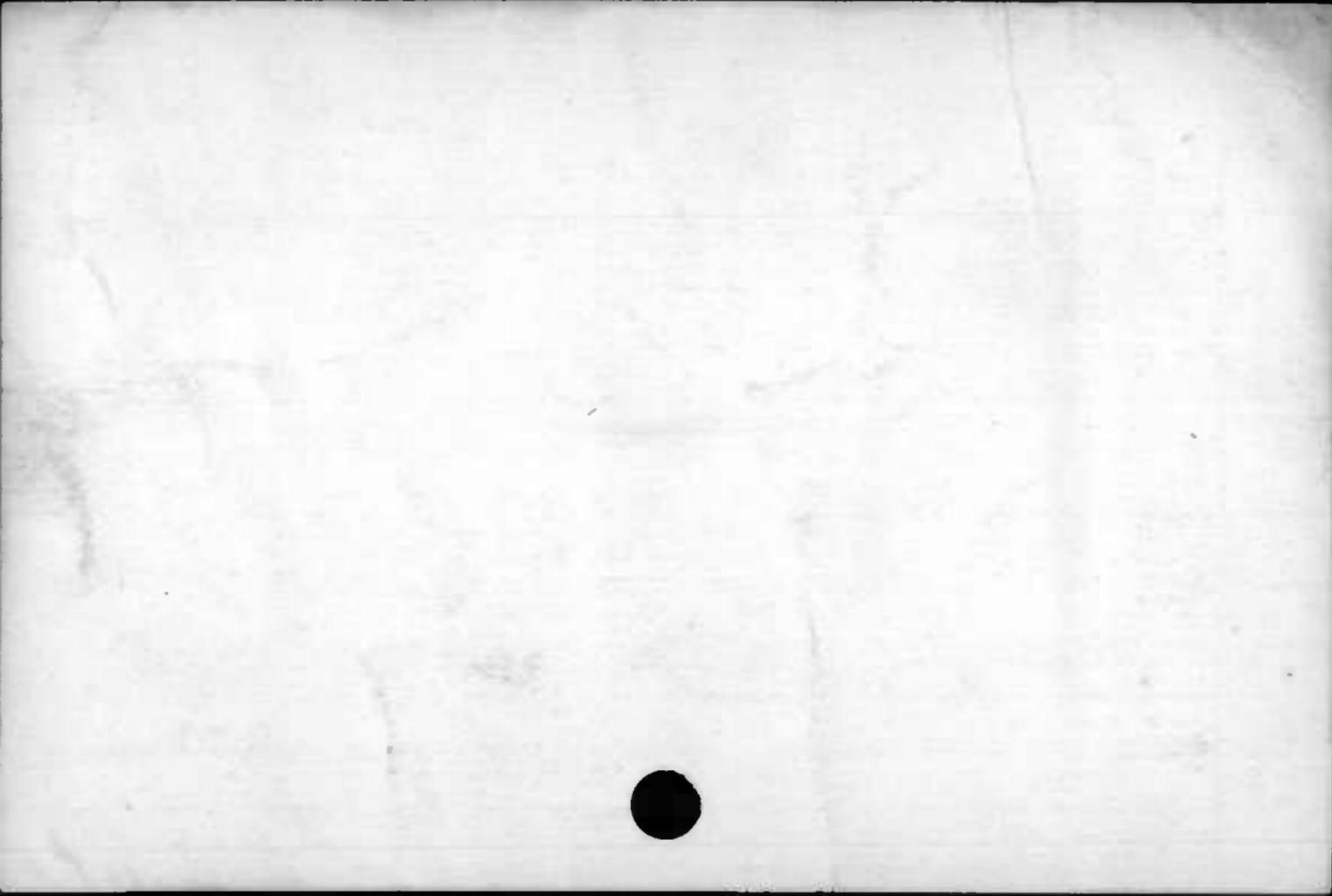
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. H. O'Neil
Perryman
M.D.

Accident or Suicide?



Name
in
Full

Annie S Humes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1905	12	31	75	
Sex	Female	Color or Race	White	Birth-place
Occupation	Lady	Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Husband	Thomas Humes Jr	
Father's Name	James Spillman	Father's Birthplace Va		
Mother's Maiden Name	Mary Ann Barnckman	Mother's Birthplace		
Name of person giving information	Edgar Williams	How related to deceased Grandson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism

How long

10 yrs

Immediate

Heart Failure

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Wm. H. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Wilmington</u>		Town	County <u>Delaware</u>	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>27</u>	Years <u>68</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place, <u>Wilmington, Del.</u>		
Occupation		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		
Father's Name <u>Wm. H. Jones</u>		Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>		
Name of person giving information <u>Benj. H. Jones</u>		How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

Primary

Paralytic

How long

Two years

Immediate

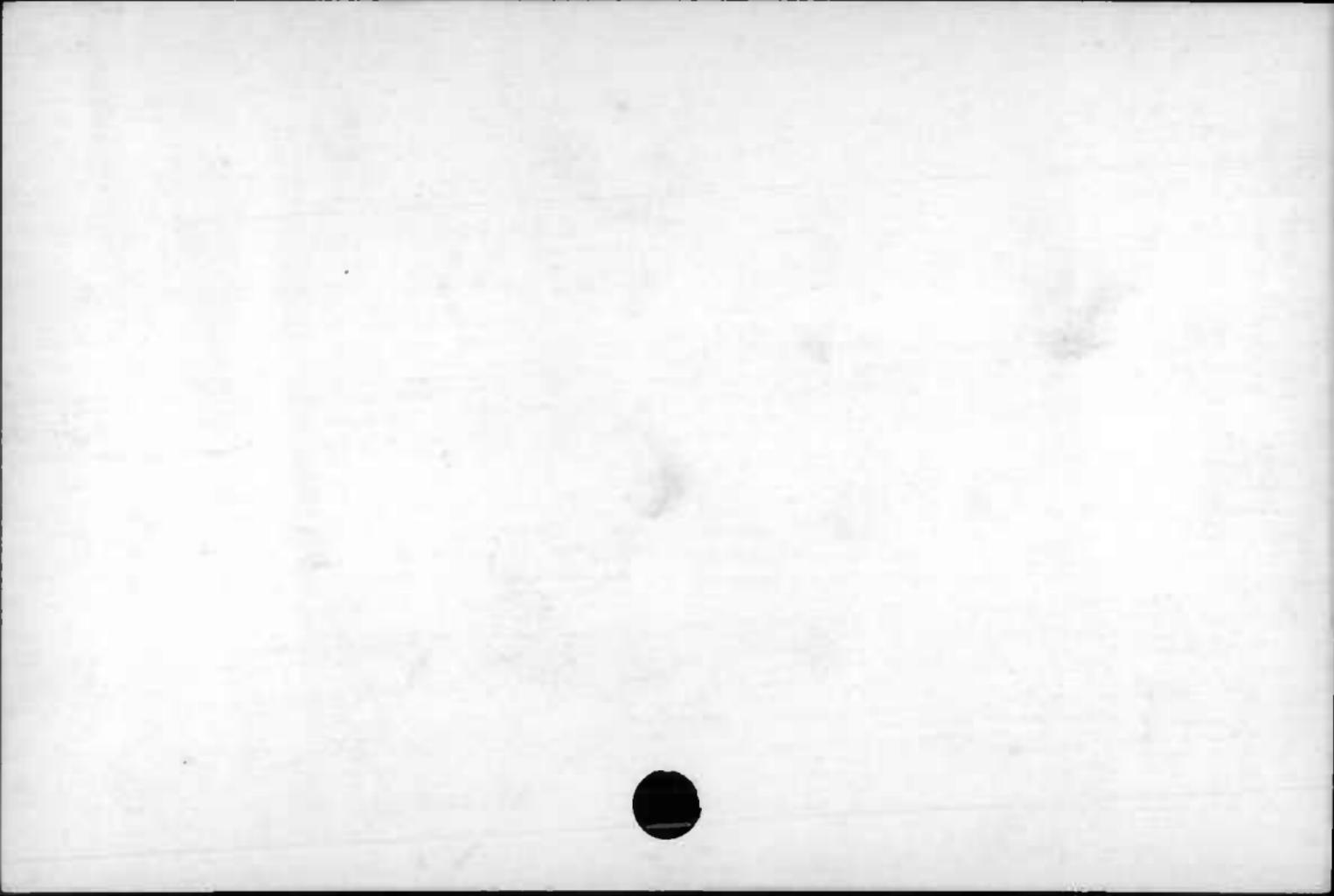
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Alice Kelly

CERTIFICATE OF DEATH

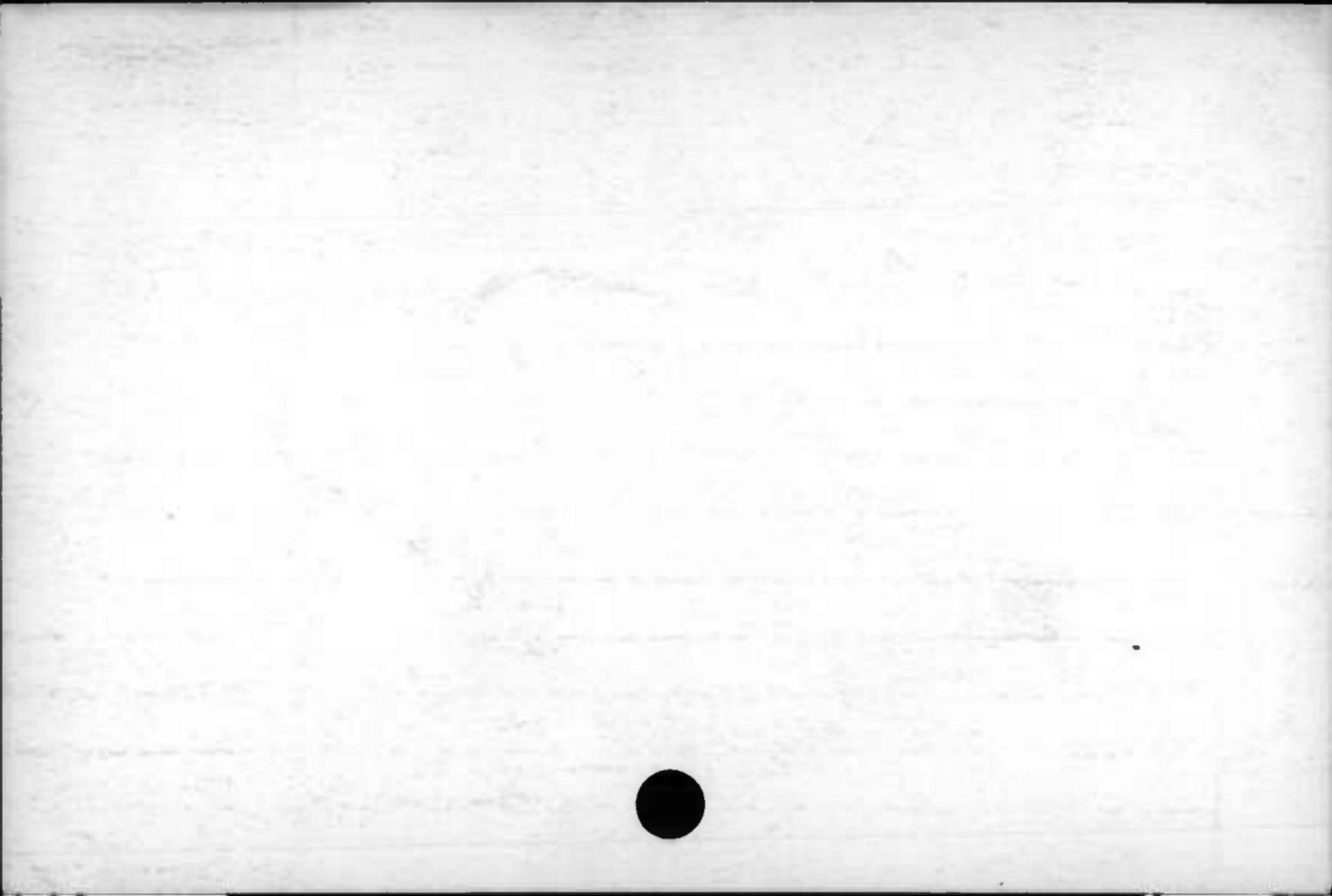
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation	House Wife		Philadelphia Pa.		
Married, Single or Widowed	Name of Who Husband	Richard Kelly			
Father's Name	A. K. Knight		Father's Birthplace		
Mother's Maiden Name	—		Mother's Birthplace		
Name of person giving information	Richard Kelly		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brain Tumor	How long	20 days
Immediate	Convolusions	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. H. Smith
Yes		Address	Harvard Grace
Accident or Suicide?			Not



Name
in
Full

Agnes Isabel Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Upper Roads		Town		County		MARYLAND	
Date of death 1905	Month Dec	Day 11	Age	Years	Months	Days	
Sex Female	Color or Race White	Occupation		Birth-place Maryland			
Married, Single or Widowed single	Occupation		Birth-place Maryland				
Name of Wife or Husband							
Father's Name Michael Kelley			Father's Birthplace Maryland				
Mother's Maiden Name Annie Bradley			Mother's Birthplace Maryland				
Name of person giving Information Annie Bradley			How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

90

How long

1 week

Immediate

Capillary Bronchitis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

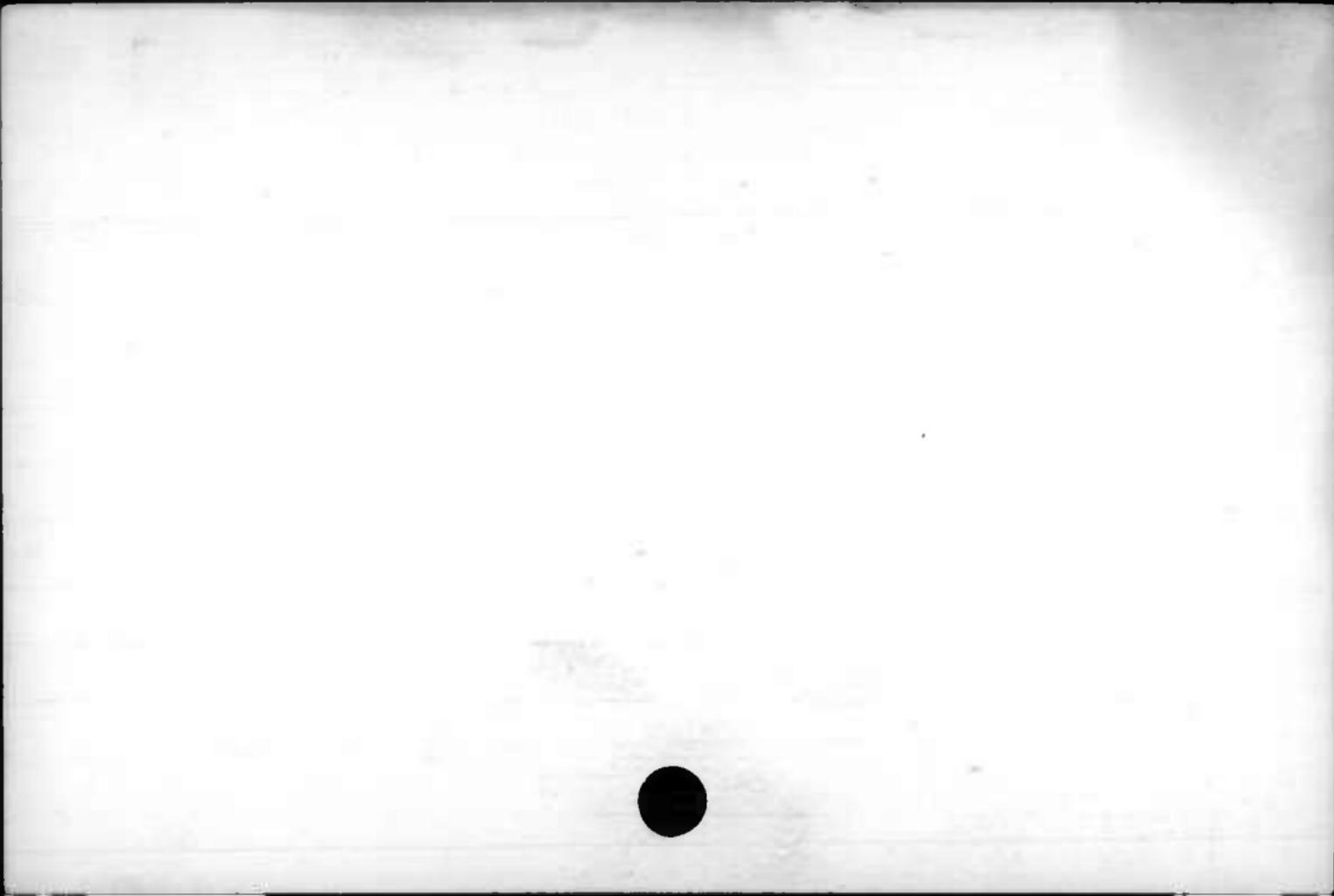
Signature of Physician

H. F. Bradley

Address

Garrisonville Md

Accident or Suicide?



Name
in
Full

David B. Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
THE DIRECTOR

NEAREST FRIEND

Town <i>Porterville</i>		County <i>Howard</i>		MARYLAND	
Died at	Month <i>12</i>	Day <i>5</i>	Years <i>29</i>	Months	Days
Date of death <i>1905</i>	Age				
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Md</i>			
Occupation <i>_____</i>	Where Residing if not at place of death <i>Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>_____</i>	Father's Birthplace <i>_____</i>				
Mother's Maiden Name <i>_____</i>	Mother's Birthplace <i>_____</i>				
Name of person giving information <i>Mr. Bach</i>	How related to deceased <i>Daughter</i>				

PHYSICIAN
OR CORONER

Primary

~~Soles~~ ~~so~~ ~~sis~~
ate Apoplexy
name, age, sex, color, date
e correctly given above? yes

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident on 6 July 2002

CAUSES OF DEATH

164

How long

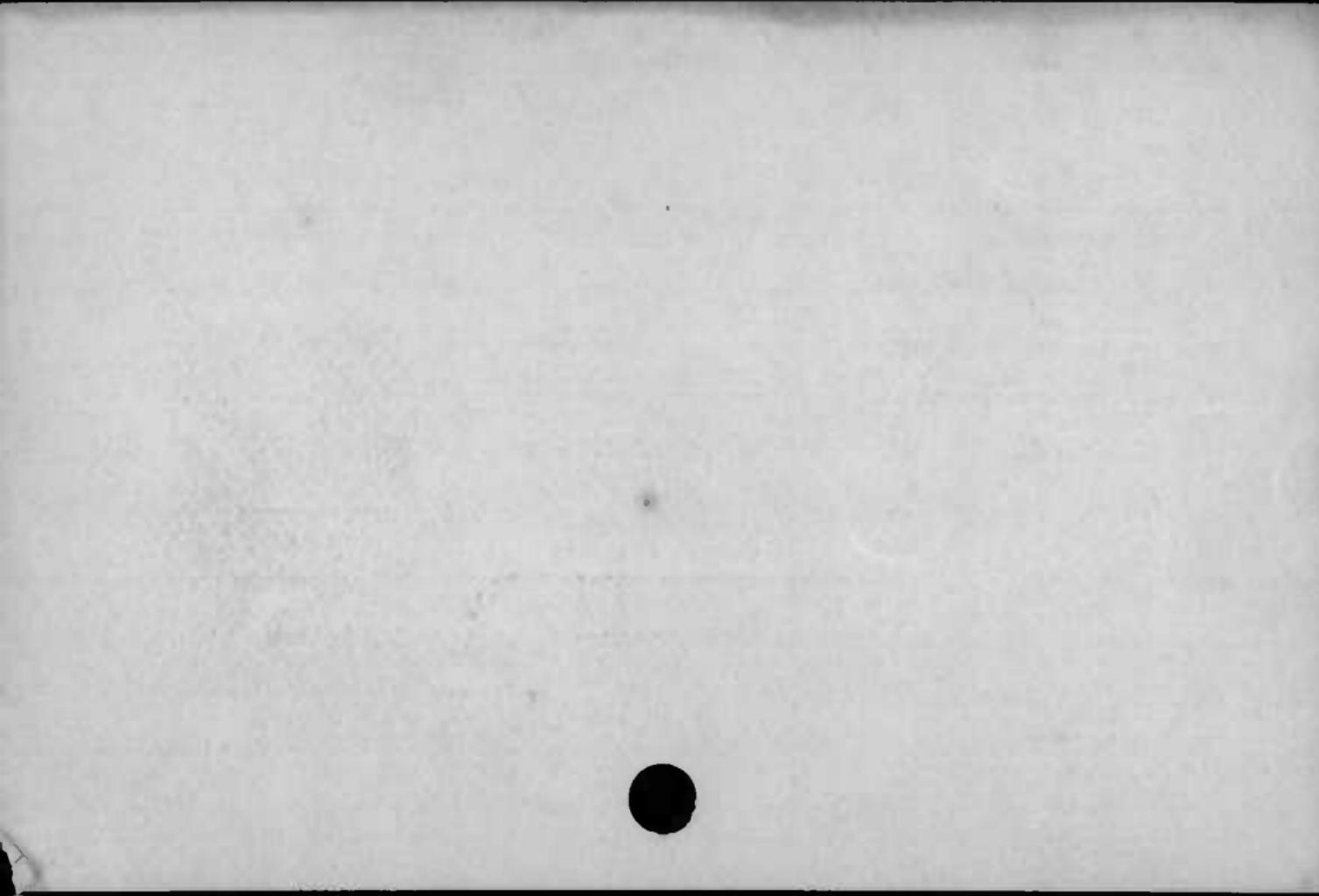
3 yrs.

How long

125 f;

Signature of
Physician

Address



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Mrs. Mary Moore</i>				CERTIFICATE OF DEATH		
Died at <i>Steub Pa.</i>		Town	County <i>Hanford</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>20</i>	Years <i>59</i>	Age <i>59</i>	Months <i>April</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Steub Pa.</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Steub and.</i>					
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Moore</i>				Father's Birthplace	
Father's Name						
Mother's Maiden Name <i>Sara</i>						
Name of person giving information <i>Wm Dick</i>						
CAUSES OF DEATH						
Primary	<i>Tuberculosis</i> (21)			How long	<i>2 years</i>	
Immediate				How long		

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

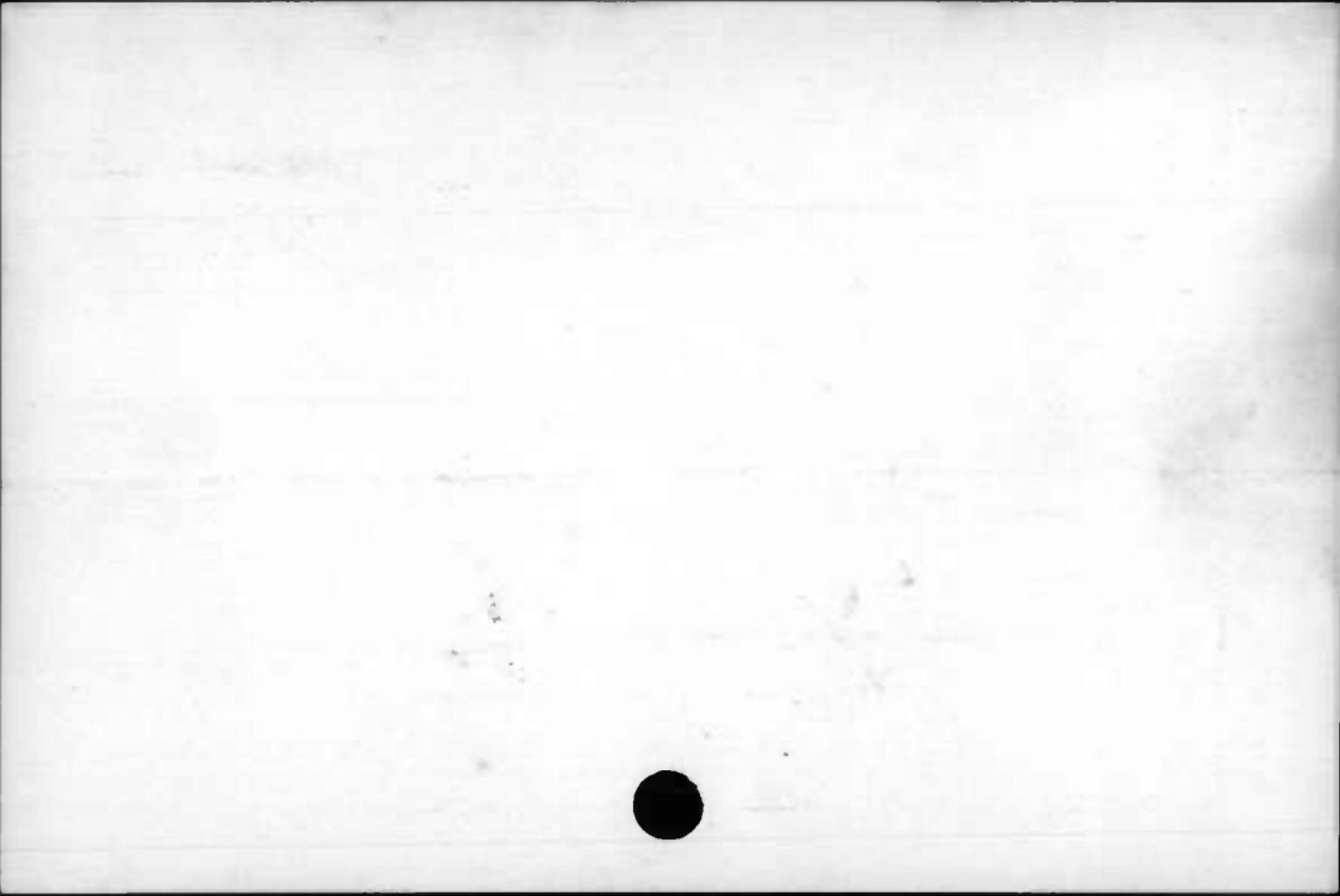
Signature of Physician

Address

G. W. Gamous

Steub

and



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mom M Moon

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name or Wife or Husband	Father's Birthplace			
Father's Name	mr				
Mother's Maiden Name	me				
Name of person giving information	How related to deceased				
Eugene Brown Carrie P Moon Bell Moon					

CAUSES OF DEATH

Primary

1. Hereditary Syphilis

How long

1 mo

Immediate

2. exhaustion

How long

-

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Albert S Pay
Bee Ave

Address

Accident or Suicide?

Buried at Tabernacle
Dec 24 1905

Name
in
Full

Edward Skidmore Pease
P. O. Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Dec	23	60	—	—	
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Farmer		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Married	Name of Wife or Husband	Leonard D. Puse			
Father's Name	Michael E. Puse		Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth Puse		Mother's Birthplace	Md		
Name of person giving information	Mrs. Puse		How related to deceased	Wife		

CAUSES OF DEATH

Primary	Chronic Pancreatitis & Nephritis. 3 years	How long
Immediate	Syncope - 120	How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	14 hours -
	Signature of Physician	A. F. Ward Gibb
	Address	Bel Air Md.

PHYSICIAN
OR CORONER

Buried at 2nd Marys

Dec 26 1905

Eugene Burns. Robinson

Town Rutledge County Hanover — MARYLAND

Died at

Town

County

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1905 Dec 29

Male

Month

White

Day

Age

Married

Y.

M.

D.

Native of

Husband

Divorced

Occupation

Infant

Female

Colored

Single

Widow

Widower

Number of children living

Husband of

Wife

Father's Name

Jord Rynne Robison

Mother's Name

Josephine Robison

Cause of Death

Primary

Uvnchc Pneumonia

How long sick

24 hours

Death

Immediate

u 4

92

Accident, Suicide, Homicide

Reported by

L.A. Rutledge M.D.

Address

Rutledge [Redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susan Robinson

CERTIFICATE OF DEATH

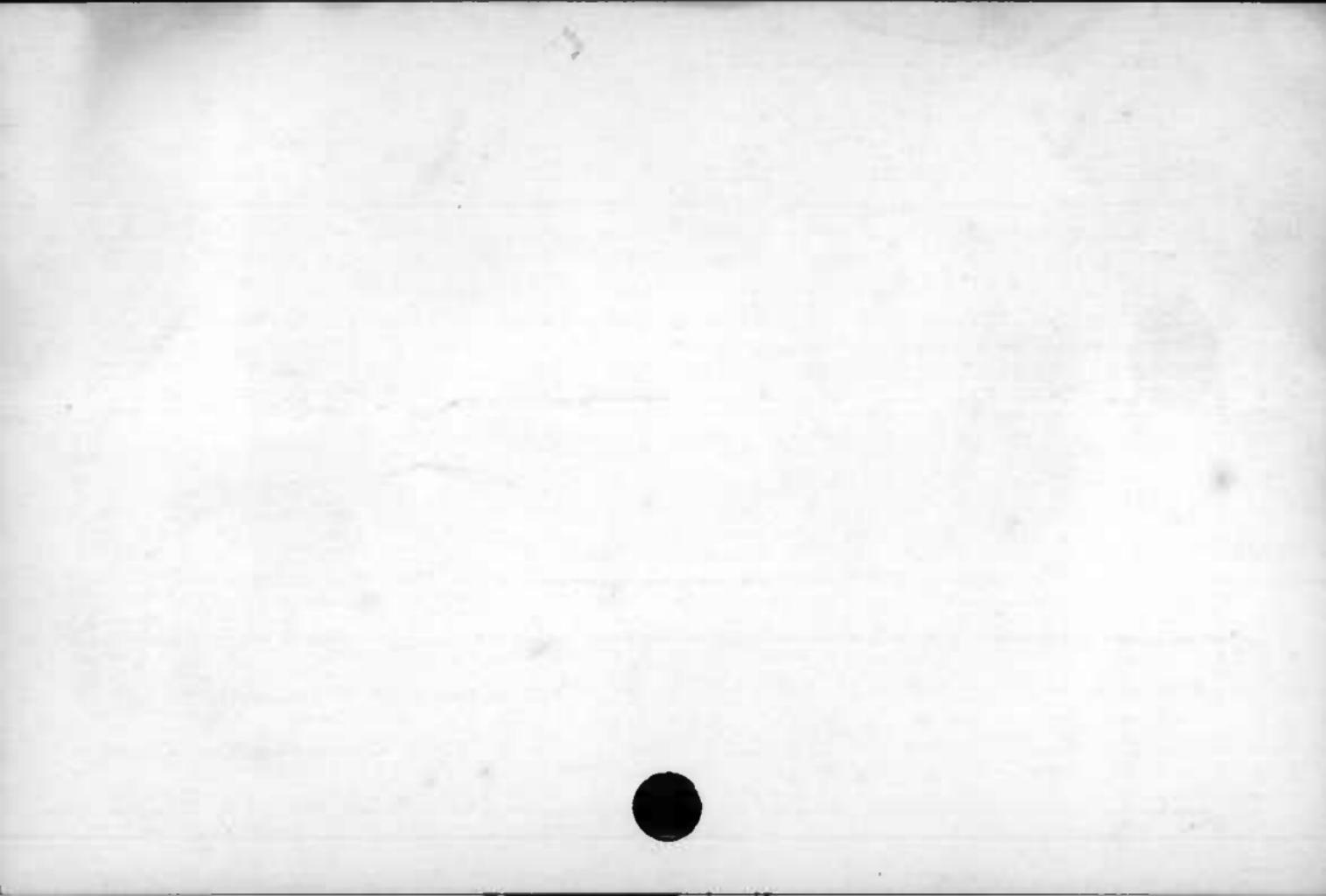
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Madona</u>		Town <u>Harford</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>21</u>	Age <u>7</u>	Months <u>1</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>Col</u>			Birth-place <u>Madonne</u>	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Daniel Robinson</u>	Father's Birthplace <u>Baltimore Co</u>				
Mother's Maiden Name <u>Anne Bellingaled</u>	Mother's Birthplace <u>Baltimore Co</u>				
Name of person giving information	How related to deceased <u>Parents</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Strangulation (151)
Immediate	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes as far as known	Signature of Physician Address
Accident or Suicide?	



Name
in
Full

John Shanbarger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Harford Co	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Penn	
Occupation	Where Residing if not at place of death			Federal Hill	
Married, Single or Widowed	Name of Wife or Husband	Martha Hembrey	Father's Birthplace	Penn	
Father's Name	John Shanbarger	Mother's Birthplace	Penn		
Mother's Maiden Name	Barbara Amy Fishel	How related to deceased	Penn		
Name of person giving information	John Shanbarger				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic heart.

How long

2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

I. J. Turner
White Hall

Accident or Suicide?



Name
in
Full

William Henry Shaubarger

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Fylesville

County

Hasford

MARYLAND

Date
of death

Month

Day

Age Years

5 Months

13 Days

1905 Dec. 29

38

Sex

Male

Color or
Race

Caucasian

Birth-
place

Hasford Co. Md.

Occupation

Farmer

Where Residing if not
at place of death

place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Katherine Shaubarger

Father's
Name

Henry Shaubarger

Father's
Birthplace

Hasford Co. Md.

Mother's
Maiden Name

Mary Ann Alexander

Mother's
Birthplace

Lancaster Co. Pa.

Name of person giving
Information

Geo. W. Shaubarger

How related
to deceased

Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

High Nervous Tension

How long

Near, weeks

Immediate

Heart Exhaustion from High Nervous Tension

How long

short time

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Nellie Hawkins M.D.

Address

Fawn Group - Pa.

Accident or Suicide?



Name
in
Full

Smith N. M.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		Age about 2 hours				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Otho Smith				Father's Birthplace		
Mother's Maiden Name	Alice Wilson		15		Mother's Birthplace		
Name of person giving information	Otho Smith				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Grenadier Gun* How long

Immediate *Used about 2 hours* How long

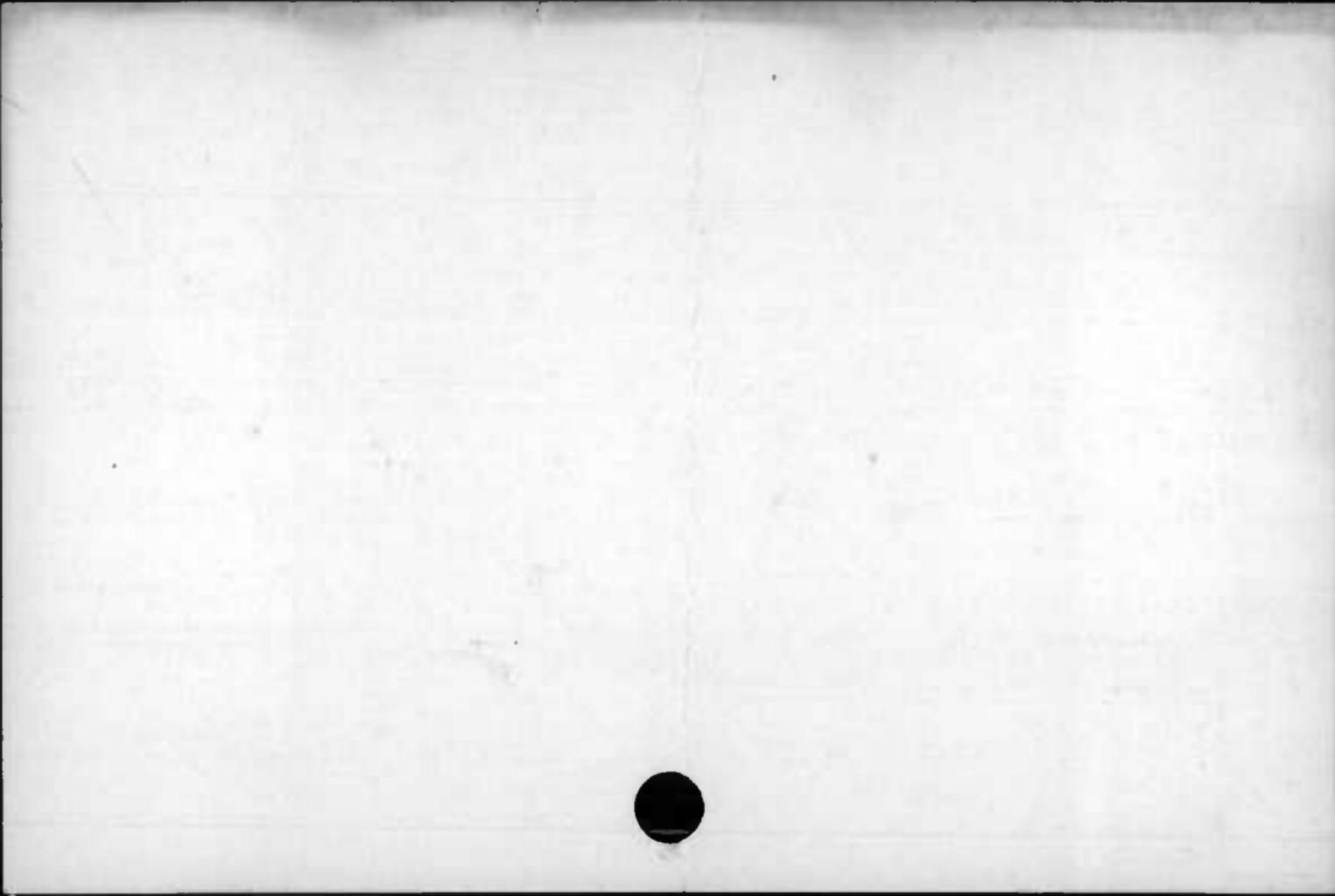
Are the name, age, sex, color, date and place correctly given above?

yes Signature of Physician

Address

R. H. Smith M.D.
Ward 23
Md.

Accident or Suicide?



Name
in
Full

John Wesley Smith

CERTIFICATE OF DEATH

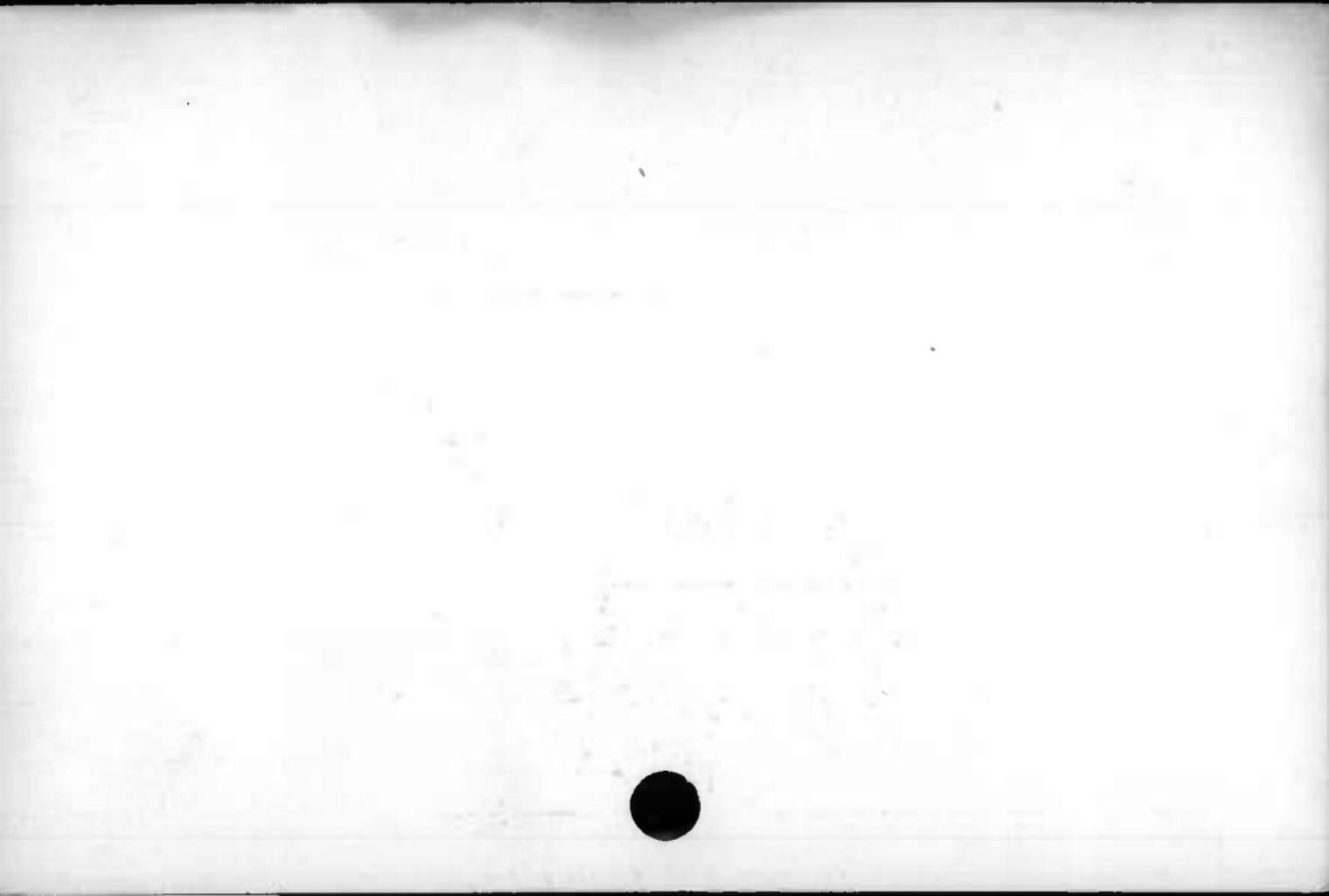
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at		Mountain	Howard		MARYLAND	
Date of death	1905	Month Dec	Day 3 ^d	Years 51	Months	Days 24
Sex	Male	Color or Race	Colored		Birth-place	Mountain
Occupation	Tax Lawyer		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Great Smith		Father's Birthplace	Howard Co Md		
Mother's Maiden Name	Marie Smart		Mother's Birthplace	" "		
Name of person giving information	Mother		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pleural Pneumonia		How long	about 8 months	
Immediate	Inflammation		How long	several weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	John C. Lippman M.D.	
			Address	Landover Md	
Accident or Suicide?		No			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

George and Tammie

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Dublin</u>		Town	County <u>Hanford</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>8</u>	Age <u>54</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Where Residing if not at place of death		<u>2nd</u>	<u>2nd</u>	
Occupation						
<u>Widow</u>	Single	Name of Wife or Husband				
Father's Name <u>John Tammert</u>				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <u>Mrs R H Tammert</u>				How related to deceased <u>Sister</u>		

PHYSICIAN RECOGNITION

PH
OR C

Primary

Dracogynis

How long

~~Handwritten~~

Immediate

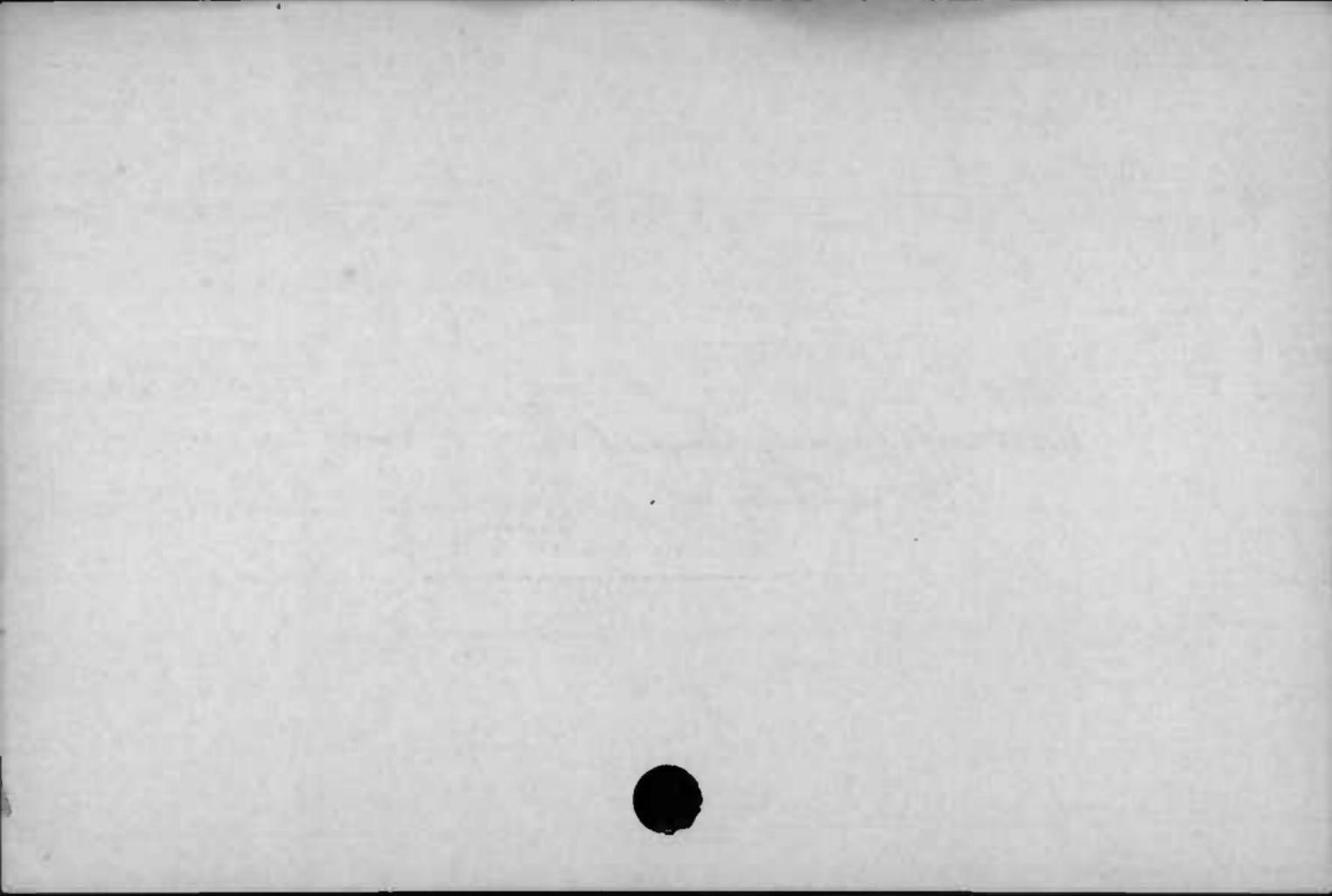
CAUSES OF DEATH

Are the name, age, sex, col
and place correctly given

Signature of Physician

of W. E. Arthur
ddress Cardiff M^d

Accident or Suicide?



Name
in
Full

Frank C. Thalmann

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at				
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		Birth- place
Occupation	Where Residing if not at place of death			" "
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	
Father's Name	Jacob Thalmann		H. de Grace	
Mother's Maiden Name	Mary Anna Smith		Mother's Birthplace	
Name of person giving Information	Father Jacob Thalmann		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Membranous Croup

How long

Immediate

Diphtheria

How long

Several Days

Are the name, age, sex, color, date
and place correctly given above?

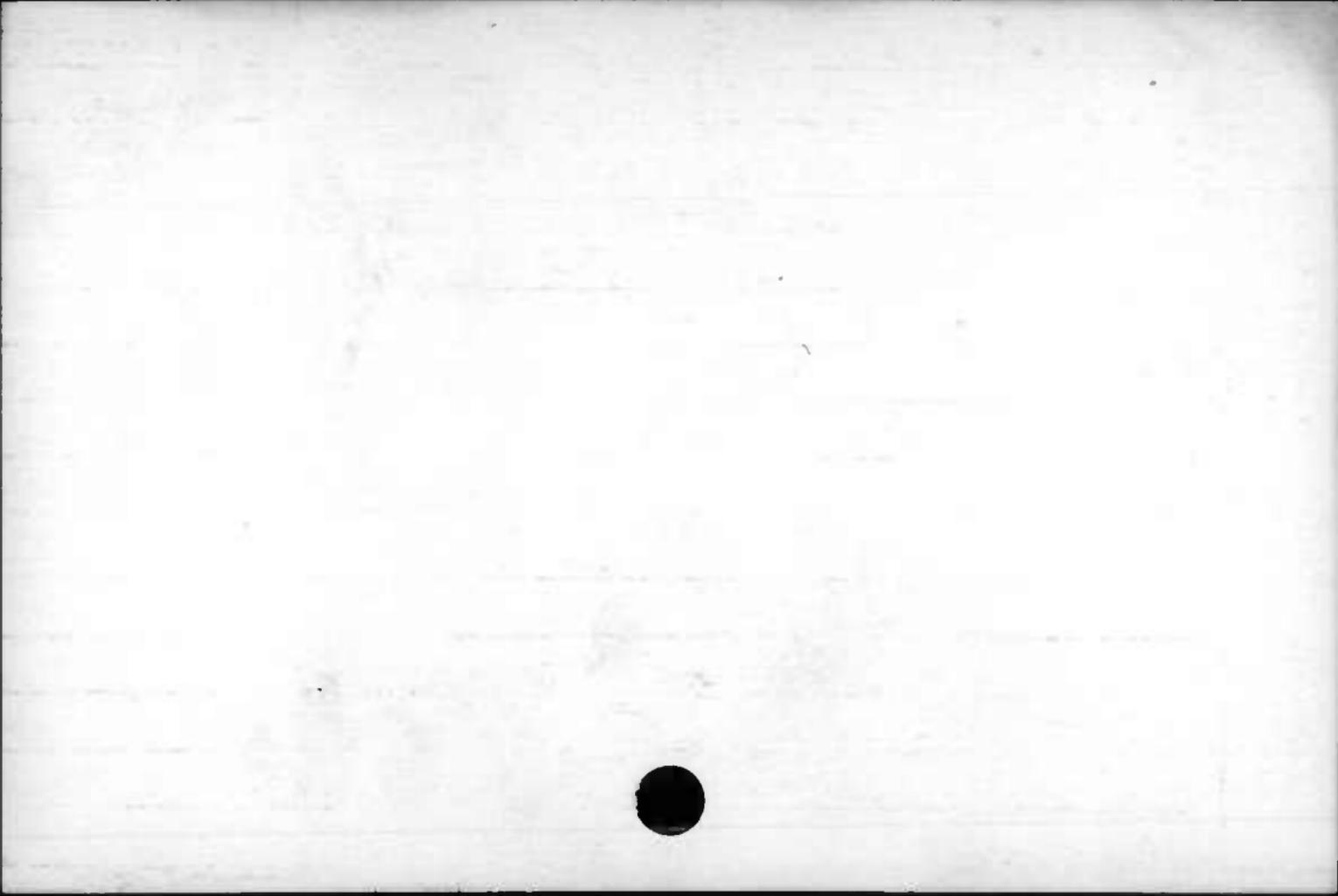
Signature of
Physician

Address

R. H. Smith M.D.

Havre de Grace

Accident or Suicide?



Name
in
Full

Sherman Wakeland

CERTIFICATE OF DEATH

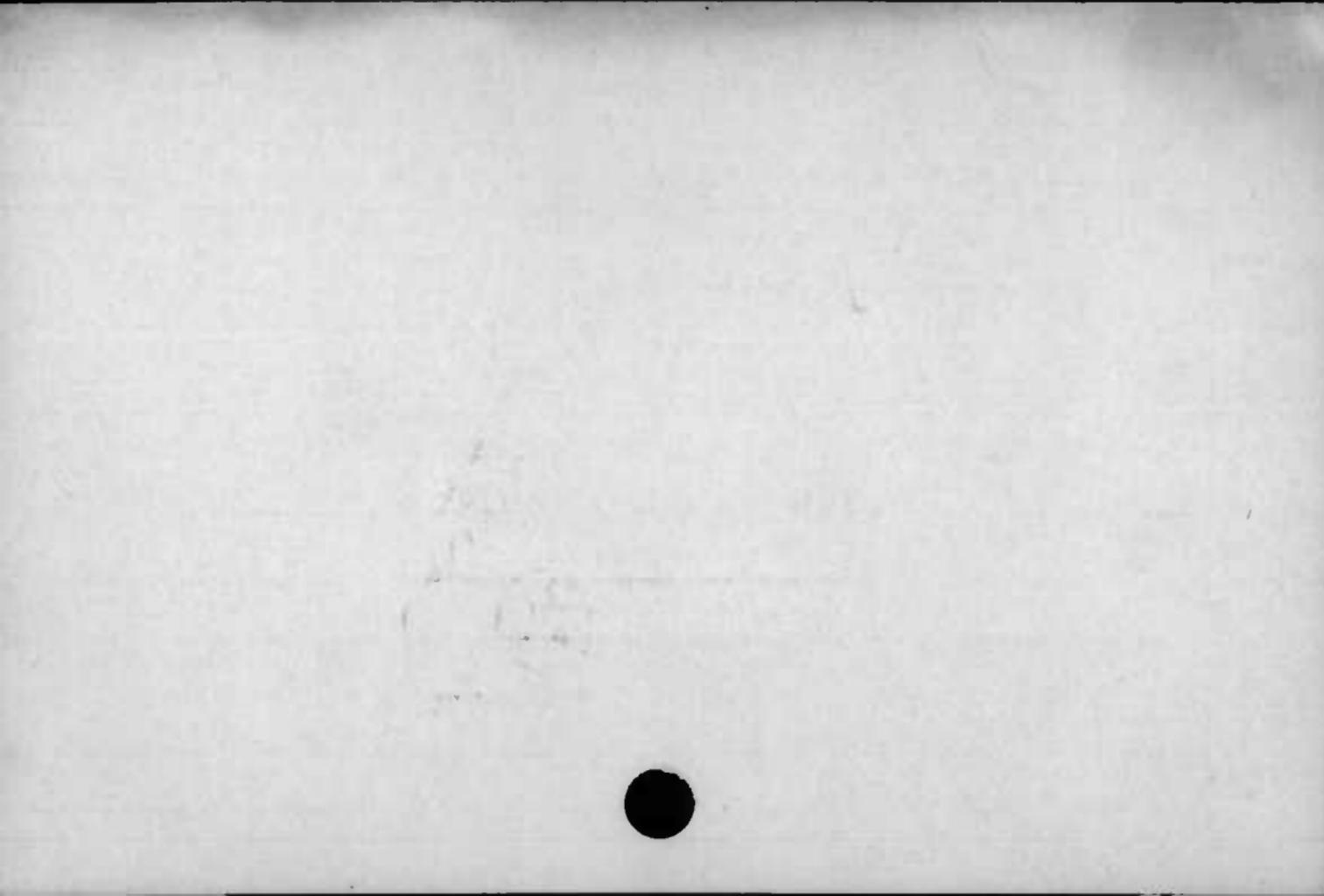
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
1905	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name or Wife or Husband					
Father's Name	J. Finney Wakeland			Father's Birthplace	Md.	
Mother's Maiden Name	Rachel C. Reithley			Mother's Birthplace		
Name of person giving information	J. Finney Wakeland			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	(27)	How long	4 years	
Immediate	Exhaustion		How long	3 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J.A. Callahan	
			Address	Cecarell Md	
Accident or Suicide?					



Name
in
Full

Sophia Webster

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Dec.	3rd	Age	about 70		
Sex	Female	Color or Race	colored			
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	George Webster			
Father's Name	Not known		Father's Birthplace			
Mother's Maiden Name	" "		Mother's Birthplace			
Name of person giving information	Husband		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. H. Shrias, M. D.

Address

Bastleton,

Md.

Accident or Suicide?



Thomas Whalen

CERTIFICATE OF DEATH

Died at <u>Clayton</u> Town		<u>Harford</u> County		MARYLAND	
Date of death <u>1905</u>	Month. <u>12</u>	Day <u>9</u>	Age <u>70</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Ireland</u>	
Occupation <u>Stone mason</u>	Where Residing if not at place of death <u>Margaret Elizabeth & Whalen</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary	<u>Cardiac & Kidney disease</u>	How long	<u>Several years</u>
Immediate	<u>General failure</u>	How long	<u>2 months or more</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Steger, M.D.

Address

Franklinville, Md.

Accident or Suicide?

No.



Name
in
Full

Bertha Whitaker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Dec	13	Age 18		
Sex	Female	Color or Race	white	Birth-place	
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Maryland
Father's Name	Wesley Whitaker			Mother's Birthplace	
Mother's Maiden Name	Josephine Black			How related to deceased	Cousin
Name of person giving information	Marion Whitaker				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of lungs

How long

2 Years

Immediate

Hemorrhage of lungs

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. W. Davis M.D.
Pleasantville
Maryland

Accident or Suicide?

